

Development Disabilities Administration Waiting List Initiative – Alcohol Tax Fiscal Year 2012

Implementation Plan

Guiding Principles

1. Given the significant unmet need, spend \$15 million to serve people with developmental disabilities.
2. Spend the funds as legislature intended: funding services for people in the crisis resolution and crisis prevention categories of the DDA Waiting List.
3. Maximize the use of State General funds with a federal match.

Proposed Approach

1. Pursue a parallel strategy of both bringing people from the Waiting List into services and funding one-time investments for people on the Waiting List based on the difference between the actual and annualized cost.¹
2. Use attrition funds to address the DDA funding gap for entitlement services under the waiver programs; people with court involvement; and essential DDA administrative staff to support funding allocation and monitoring.

Stage 1 of Implementation: July 2011 – January 2012

Crisis Resolution Priority Category

DDA will contact all people in the crisis resolution priority category to initiate services based on assessed need. Beginning May 2011 and throughout FY 12, all people in the crisis resolution priority category will receive resource coordination services to assist them in developing a person centered service plan. We anticipated that this funding allocation would provide people in the crisis resolution category the opportunity to receive funding for appropriate services. Therefore, work began to initiate services for people identified in the crisis resolution priority category prior to July 1, 2011. DDA will initially follow its traditional service initiation process for these people (See Appendix 1) while implementing strategies that streamline and reduce the amount of time from one step to the other.

¹The \$15 million dollar Waiting List Initiative allocation from the Legislature represents annualized funds. People's initiation of services will begin throughout FY 12. Therefore the actual cost for services in FY 12 to people in the crisis resolution category will be less than the allocated \$15 million.

Crisis Prevention Category

The DDA will use funding for *Services of Short Duration* in FY 12 for people in the crisis prevention category. The number of people in crisis prevention receiving these designated funds is based on placement within the category and actual initiative savings. During the first three months, people in the Crisis Prevention category would be reminded of the criteria for the Crisis Resolution category and reassessed as appropriate.

The DDA will assess the rate of expenditures as and begin providing *Services of Short Duration* to a portion of the people in the Crisis Prevention priority category beginning October 1, 2011.

Stage 2 of Implementation: January 2012

In January 2012, the DDA will continue to assess the rate of expenditures from this allocation. Based on this assessment, the DDA will determine the feasibility to expand both *Services of Short Duration* and full service initiation for people in the Crisis Prevention priority category.

Measures to Track Progress

DDA has developed a comprehensive tracking form to track service initiation status and funds allocated throughout FY12. DDA will report each month on the cumulative number of people in crisis resolution who:

- Have been assigned a Resource Coordinator;
- Have had needs assessed;
- Have Individual Plans (IPs) that define services;
- Have identified providers; and
- Have started services as designated in their IP.

DDA will also report each month on the number of people in crisis prevention receiving *Services of Short Duration* funding who:

- Have been targeted;
- Have had needs assessed (i.e. request submitted);
- General service categories funded; and
- Monthly expenditures.

Benefits of the \$15 Million FY 12 Waiting List Initiative to Other Aspects of DDA

In FY 12, DDA will use attrition dollars to address the following DDA funding gaps:

Requests for Changes in Services

Attrition dollars are currently being used to fund requests for changes in services from people in the waiver who request additional services. As circumstances and needs for people currently receiving funding for services from the DDA change, at times they result in a request for an increase in services. In order to standardize a statewide process and decision making methodology, the Request for Service Change (RFSC) protocol was implemented in June 2010 in conjunction with the Waiting List Advisory Committee. People who are enrolled in one of the DDA Medicaid waiver programs and have a request for additional funding have the right to access any waiver service based on an assessed need regardless of available funding.

As of July 2011, based on information reported from three out of four regions, the estimated fiscal impact for people approved for a new service or a modification of current services is \$7.5 million total actual funds which equals \$17 million annualized dollars. Cost associated with the RFSC will be an ongoing liability for the DDA.

Attrition funds will continue to be used to support this important need.

Service for People with Court Involvement

The Maryland Court System mandates DDA to provide funding for services for people with potential developmental disabilities and legal issues. DDA is legally obligated to fund and provide services to this court-committed group of people.

Historically, the number and cost associated with people with court-commitments have exceeded the DDA allocation of designated funding. In FY 10, there were 48 people who received services at a cost of \$5.3 million. The FY 12 budget includes \$1.1 million dollars for services.

Essential DDA Staff to Support Funding Allocation and Monitoring

Staff will coordinate with various entities involved with the initiative implementation, address capacity issues, track, monitor, analyze, develop system improvements, and report status.

Stakeholder Input

The DDA has conducted several sessions to solicit input from stakeholders. The proposed plan was initially shared with the DD Coalition and Waiting List Advisory Committee (WLAC). Members of the DD Coalition and representatives from the Department of Disabilities, WLAC, DDA licensed providers, self advocates, and families attended the following subsequent input sessions:

Group	Date
DD Coalition	June 9, 2011
Waiting List Advisory Committee	June 13, 2011
Services of Short Duration	June 20, 2011 and June 27, 2011
Service Initiation Process	June 24, 2011
Provider Capacity Meeting	July 11, 2011
Resource Coordination Capacity Meeting	July 12, 2011

The DDA will continue to utilize the WLAC for input and feedback as implementation strategies are defined and rolled out.

Appendix 1: Traditional DDA Service Initiation Process

Some people will start services utilizing the traditional DDA service initiation process while others will access services utilizing piloted streamline service initiation processes. DDA will provide training and develop tools for the new piloted processes.

DDA Traditional Service Delivery Guiding Principles

- People receive services in the most integrated setting.
- People select service providers.
- Services are built on natural and community supports.
- Services are based on demonstrated need.

Background

The traditional service initiation process involves numerous decisions and action from a multitude of people (e.g. person, legal representative/families if applicable, providers, resource coordinators, regional offices, Division of Eligibility Waiver Services, Utilization Review Contractor, Headquarters, and the Office of Health Care Quality).

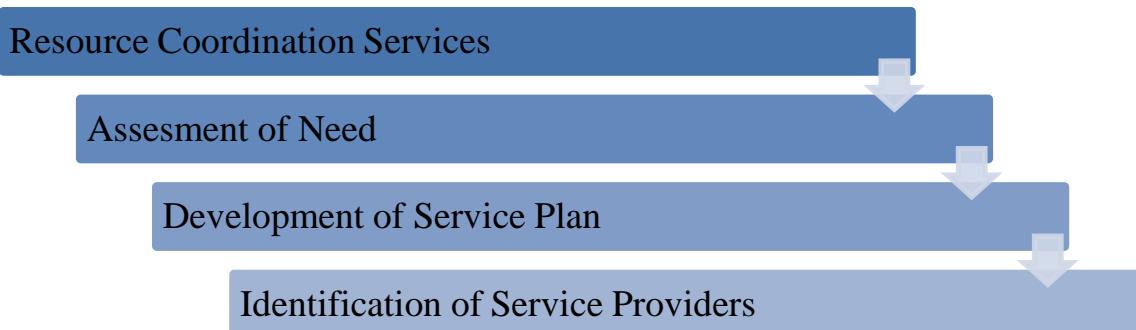
Historically, the length of time to complete the service initiation process has varied. A brief description of the process is noted below.

Initial Application Process

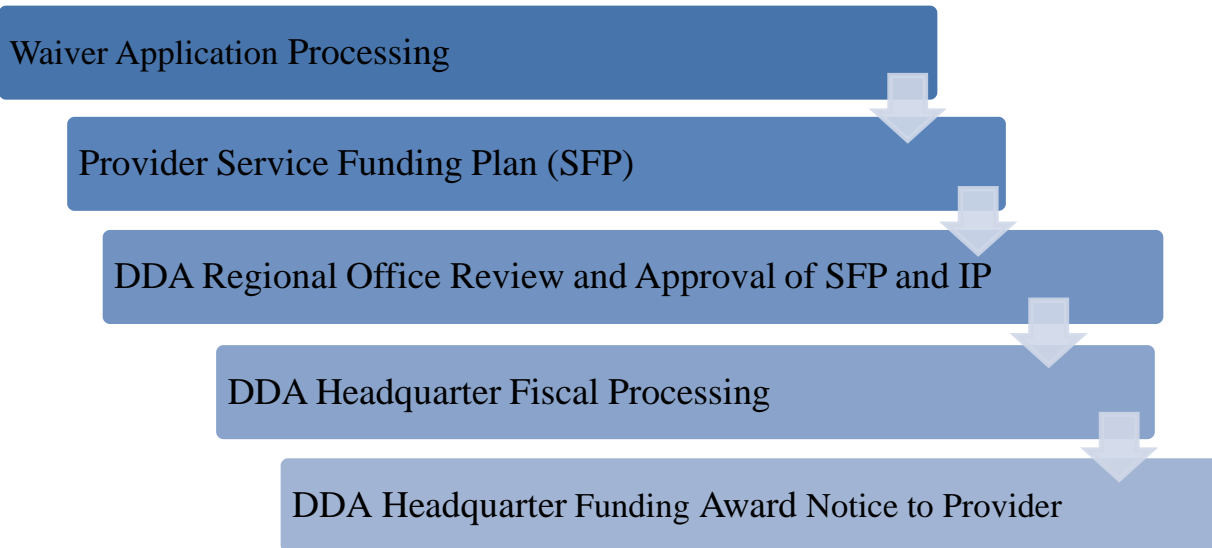
The beginning of the initial application process starts with an assessment of eligibility and priority need. Resource coordinators meet with the person, their legally authorized representative, and others identified by the person to gather information and assess their current circumstances and needs. Based on information obtained, the resource coordinator submits this information with an eligibility and priority recommendation to the regional office for a Critical Needs List Review (CNLR).

Service Initiation Process

Each person identified for the funding from the DDA receives assistance with identifying service and supports to meet their needs and to select DDA licensed service providers as outlined below:



Providers that are selected are responsible for developing service funding plans (SFP) that outline the scope of service and associated cost. The DDA regional offices review, approve SFP's, process the plan, and then issue a funding award letter to the provider. These steps are outlined below:



Resource Coordination Services

Resource coordinators assist people to obtain the best quality and most appropriate services and supports with the available resources, the community, and the DDA service delivery system. They act as a service broker to obtain generic community services, services funded by the Administration, and natural supports. Generic community services and supports are available from various sources including natural, generic, local, State, and federal programs and resources and are available to the community at large. Resource coordinators are responsible to people and their families for providing assistance in implementing individual choice, addressing individual satisfaction, and assuring that a person's needs and preferences are addressed. The resource coordinator also assists with making referrals and completing associated applications including applications to the DDA waiver program.

Assessment of Critical Needs

For people who are DD eligible, during this portion of the service initiation process, the waiver application is sent to Medicaid for approval. If the person is determined to be eligible, service planning can begin.

Assessment of Information and Referral

The DDA utilizes an independent contractor to assess each person's need and assign a matrix score. The matrix score is used to establish base funding for the person. Referral for this determination occurs after the eligibility and priority need is determined.

Development of the Individual Plan

Through a person directed approach, each person, with assistance from their resource coordinator, will design the services and supports that are then reflected in his/her Individual Plan (IP). The IP is a single document that outlines the person's desired outcomes as well as the frequency, scope and duration of services and supports needed to achieve those outcomes. This document serves as a legal document that, when approved by the DDA (appointed Medicaid authority), authorizes payment for Medicaid and state approved services. The finalized IP should reflect the best quality and most appropriate services and include services from various resources and funding sources (i.e. natural supports; generic, local, State, and federal programs; Medicaid or private insurance).

Development of a Service Funding Plan

Once a matrix score has been developed and a provider has been selected, the provider begins the process of developing a Service Funding Plan (SFP) outlining costs for the services described in the plan. This document is then sent to the DDA regional office for approval. Once approved, this plan is then forwarded to the DDA Headquarters where a formal *Letter of Intent* is written and sent to the provider as a commitment to provide funding for services. Upon receipt of the *Letter of Intent*, providers begin to provide services as described in the person's IP.

Appendix 2: Waiting List Initiative Pilot Service Initiation Process

The FY 12 Waiting List Initiative provides a great opportunity to explore and pilot potential changes to the traditional DDA service initiation process while still complying with State and federal statutes. Some strategies that streamline and reduce the amount of time from one step to the other can immediately be implemented while other strategies may need a more in-depth analysis related to time saving efficiencies and impact on the system.

The DDA will provide interim services to remediate the immediate crisis situation while continuing work on the long term service plan. Services may include respite, supports, etc.

The following strategies were developed based on input from many stakeholders and subsequent review with a group of DDA licensed service and Resource Coordination providers, members of the DDA Coalition and representatives from the Department of Disabilities. The proposed changes for people initiating services for people in Crisis Resolution streamline key activities include:

- Initial assessment of need
 - Critical Needs List Recommendation
 - Matrix Assessment
- Plan development
- Fiscal Processes
 - Expedited funding protocol to determine funding allocation amounts and disbursement to support people to begin services as quickly as possible
 - Individual Plan including associated costs versus Service Funding Plan

These changes enable a person who contacts a DDA regional office and is determined to meet the criteria for Crisis Resolution to initiate services within ten days of their initial call. Several of the proposed time frames may be affected by delays in obtaining required information (e.g. financial records, psychological reports, etc.). The DDA will closely monitor this process and seek resolutions for any identified delays. Delays to service initiation may include any or a combination of the following:

- a) The need for home modifications.
- b) The development of specialty providers.
- c) The lack of accessible and affordable housing options.
- d) People and family indecisiveness.
- e) DDA and provider systems capacity to process increased waiver applicants, SFPs, and other internal fiscal process as WL initiative will also coincide with TY and WLEF services.

Changes Resulting from the Proposed Process for the FY 12Waiting List Initiative

Resource Coordination Services

People in Crisis Resolution and Crisis Prevention, regardless of eligibility status will be immediately authorized to receive resource coordination services. Resource Coordination providers participated in the development of the revised time lines and agreed to strive to work within these parameters for this group of people.

The process will require additional training for Resource Coordination staff related to the expedited process. Based on feedback from the workgroups, the existing Resource Coordination providers have been asked to identify key staff that will work with people in this new pilot system for ease of training and enhanced success in implementation.

Assessment and Information and Referral

The referral to MAPS for a matrix score will be initiated sooner by the Regional Office. Planning for services will not be delayed awaiting the matrix score to determine funding levels.

Waiting List Initiative Funding Authorization

Funding authorization will be provided to the person and his/her Resource Coordinator via a ***Waiting List Initiative Funding Authorization*** letter. This letter will be generated at the same time that the referral to MAPS for a matrix score is submitted. The ***Waiting List Initiative Funding Authorization*** **Error! Reference source not found.** letter will include a commitment from the DDA for funding based on a minimum of \$35,000 (matrix score of 1x1 determined by the person's service needs and service location). Additionally, up to \$5,000 - \$7,500 (based on accessibility needs) for transportation² services and up to an additional \$5,000 for transitional supports may be included.

Once the matrix score for the person is determined and any add on services are identified, the IP and corresponding individual budget will be adjusted accordingly.

Development of the Individual Plan

The FY12 WL Initiative will provide the DDA with the opportunity to pilot a portion the proposed new IP process. This new process is a first step in automating a significant data source for the DDA regarding funded services for people. It was initially developed as a part of the new

² Transportation services include supporting the person in learning how to access and utilize informal, generic, and public transportation for independence and community integration.

Resource Coordination system and will provide the DDA will real time, statewide access to critical information related to people and their services.

Resource coordinators began piloting portions of this IP process as people were initiation services for the Governor's Transitioning Youth Initiative (GTYI). The use of this abbreviated process eliminates the additional development of a SFP by the provider, approval by the DDA RO and final *Letter of Award* for funding.

Appendix 3- Services of Short Duration Implementation Plan

The difference between annualized and actual expenses in the first year of operation creates the opportunity for DDA to use funding to meet important needs with services of short duration utilizing state only funds. DDA proposes to fund service of short duration for a minimum of 580 and a maximum of 1,096 people based on estimated funds available.

Guiding Principle

Given that people on the DDA Waiting List in the Crisis Prevention category are at risk of crisis within one year, provide funding during FY 12 for services and/or supports to address and prevent the crisis from occurring.

Proposed Approach

1. Provide funding for services and supports that address the immediate crisis trigger(s) that are either one time only or of short duration (i.e. respite services, behavioral support services, payment of outstanding utility or medical bills).
2. If needed, provide funding for intervention services to mediate, provide advice, and/or support the person or family to prevent future crisis or the crisis reoccurrence.
3. Provide funding for services to non-DDA licensed service providers.
4. Commitment of funding until June 30, 2011. Services funded may carry over into next fiscal year.
5. Send letters informing people of the ability to access funding for services and assistance available.
6. Develop “frequently asked questions” document and post on DDA website.
7. Provide user friendly guide for people and families to understand intent of services, supports available, and resources available (i.e. DDA licensed providers, local services, funding, etc.).
8. Provide assistance for people and families via DDA Resource Coordination, Low Intensity Support Services, and Family and Individual Support Services providers to identify service and support needs, service providers, and assist with request submission.
9. Utilize a simple Services of Short Duration funding request form.
10. Provide up to \$10,000 per person to address the immediate crisis trigger(s) and intervention services.
11. Utilize an exception protocol to meet unique needs or circumstances.
12. Utilize Low Intensity Support Services (LISS) providers to procure services of short duration.
13. Expand targeted group for services of short duration based on tracking and analysis of actual and projected expenditures under the initiative.
14. Evaluate the impact of the funding.

Stage 1 of implementation: August 2011 – September 2011

1. Develop Services of Short Duration protocol including process, communication strategies and tools (i.e. letter, service guide, fact sheets), request form, exception process, tracking, monitoring, and methodology to evaluate the impact of the funding.
2. Develop agreements with Low Intensity Support Services (LISS) providers.

3. Identification of FISS and non-DDA providers interested in providing services and any unique or topic specific intervention services.
4. Develop and implement system training.
5. Track and analyze cost related to serving people in Crisis Resolution to determine initial funding to be utilized.
6. Identification of initial target group.

Stage 2 of implementation: October 2011 - July 2012

1. Implementation of service.
2. Expansion of target group based on analysis of actual expenditures and projections.
3. Evaluation of impact strategy.

Initial Estimation of People To Be Served Based On Projected Available Funds in Fiscal Year 2012

The estimated total funds available for service of short duration are approximately \$5.8 million total funds. The estimate is based on the difference between the \$15 million minus \$9.2 million (the projected general fund cost to support people in crisis resolution during the fiscal year).

	Total Funds	General Funds	Federal Funds
People in CR as of May 24 th	\$8.5 million	\$5.6 million	\$2.8 million
People expected to join the crisis resolution category during the fiscal year	\$5.6 million	\$3.6 million	\$1.8 million
Total	\$14.1 million	\$9.2 million	\$4.6 million

The maximum number of people to be served with the \$5.8 million would be 1,096 people without factoring in any additional cost for resource coordination services or LISS providers. This calculation is based on the 1,096 people utilizing last fiscal year's FISS cost mode of \$5,290.

The minimum number of people to be served with the \$5.8 million would be 580 people without factoring in any additional cost for resource coordination services or LISS providers. This calculation is based on the 580 people utilizing the full \$10,000 funding allocation.

Services of Short Duration

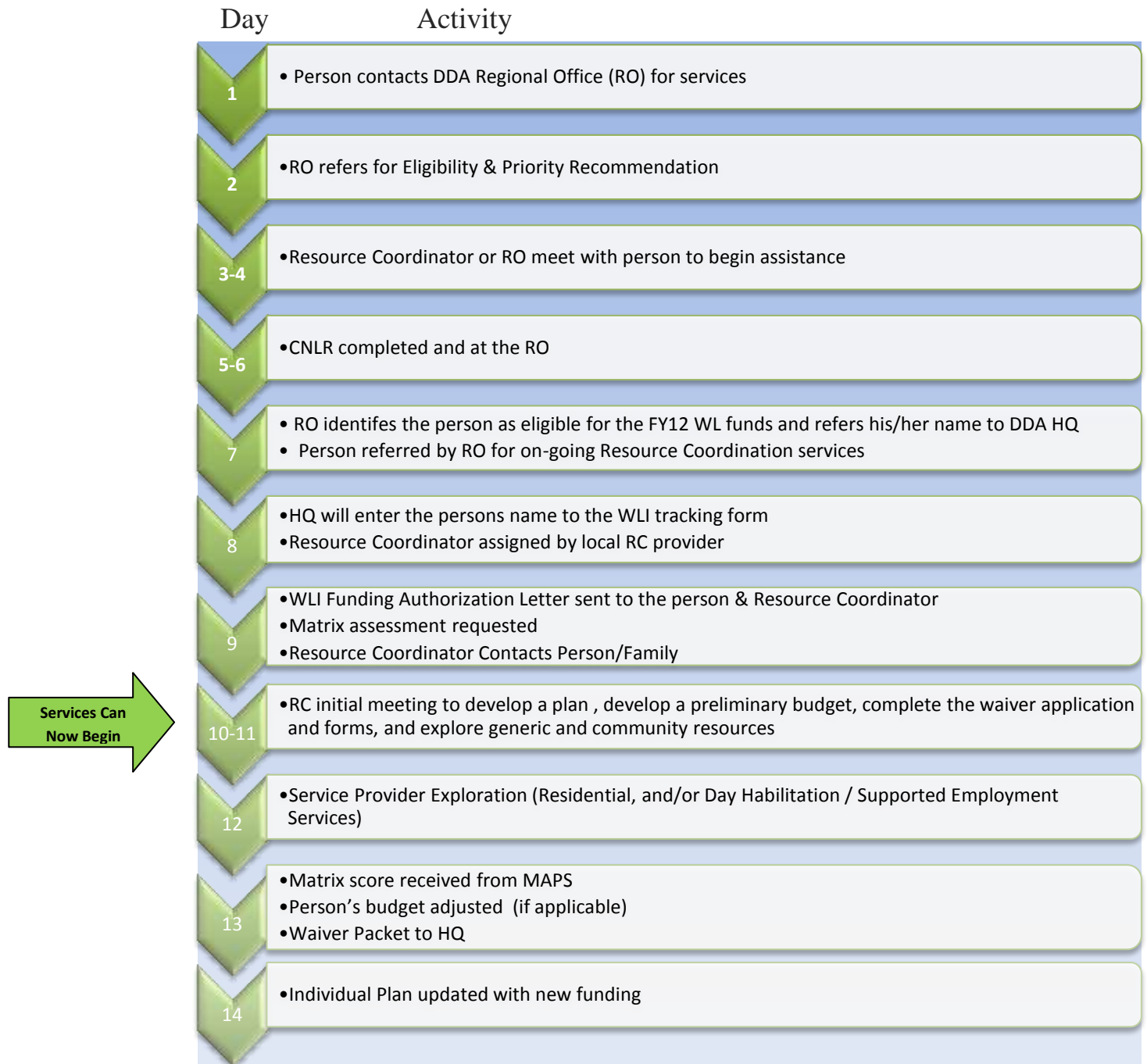
Services of short duration should be individualized, simple, meaningful, and address the immediate crisis need or trigger(s). Areas for services of short duration spending to address the immediate crisis trigger(s) and/or intervention services *could* include:

- Individual and family counseling;
 - Personal care;
 - Day care;
 - Specialized equipment;
 - Health Services;
 - Respite Care;
 - Housing adaptations;
 - Transportation;
 - Therapeutic services;
 - Medical equipment purchase, rental, and repair;
 - Crisis intervention and follow-up;
 - Attendant care;
 - Barrier removal;
 - Community integration services;
 - Employment related services; and
 - Other services to mediate, provide advice, and/or support the person or family to prevent future crisis or the crisis reoccurrence.
-

Appendix:4 -Tools to Help

Time Line for the Waiting List Initiative Pilot Service Initiation Process

The following time line represents a streamlined process that will enable people in Crisis Resolution to initiate services more quickly than the current DDA service initiation process.



Waiver Packet Processing Chart

Overview: In an effort to streamline and expedite processes, the DDA headquarter will be processing waiver packets under the Waiting List Initiative FY 12 (WLI FY12). Waiver packets include the following documents: the Waiver Checklist; Medicaid Waiver Application; Certificate of Need (i.e. Level of Care) form; Freedom of Choice Form; and Provision Plan or Individual Plan. Waiver packet for people identified for the WLI FY 12 only will be processed directly by HQ. All other waiver packets shall be processed by the Regional Office as occurs in the traditional service initiation process. The chart below is an "At a Glance" visual of where waiver packets should be submitted for different targeted groups.

Discrete Category	Description	Waiver Packet Processing
Waiting List Initiative FY12	During FY 12, all people on the DDA Waiting List in the crisis resolution priority category. This includes: people transitioning out of DSS foster care; Maryland State Department of Education (MSDE) Level 6/7 schools, and transitions from institutions (i.e. State Residential Centers (SRC), nursing facility, State Psychiatric Hospital, and Forensic Residential Center.)	DDA Headquarters
Transitioning Youth	Transitioning Youth include students transitioning from educational services at age 21 on the DDA Waiting List in the crisis prevention or current request priority categories.	DDA Regional Office
Waiting List Equity Funds and Waiting List Equity Funds - Income Tax	People on the DDA Waiting List in the crisis prevention priority category designated by the DDA for the Waiting List Equity Fund or Waiting List Equity Fund - Income Tax funds base on care giver age and allocated funding.	DDA Regional Office

Factors to Consider for Efficient Implementation

Successful implementation of the proposed systems changes to initiate services for people currently in the Crisis Resolution and Crisis Prevention priority categories of the WL requires consideration of the following:

- DDA licensed provider capacity
- Expansion of resource coordination services
- Workforce and other challenges facing providers

DDA Licensed Provider Capacity

DDA licensed provider capacity as reported in DDA's PCIS2 data base is as follows:

<i>Licensed Providers</i>	<i>204</i>
<i>Licensed Capacity</i>	<i>14171</i>
<i>Occupancy</i>	<i>7324</i>
<i>Potential Capacity</i>	<i>6847</i>

These numbers reveal that there is significant potential capacity to provide services to people who will begin to receive services during this FY12 WL initiative. To further understand the types and location of this capacity, Laura Howell, Executive Director from MACS sent a survey to MACS members to provide further definition. A second version of this survey was created in SurveyMonkey.com for non-MACS members to complete to provide the DDA with a comprehensive picture of the current and future capacity within the DDA licensed provider community.

Preliminary information from approximately 34 surveys indicated that providers are interested in expanding and potential capacity exists. Capacity issues may only be limited by specialized services needs of people initiating services. (e.g. co-occurring diagnoses, forensic involvement, challenging behavior, etc.)

Expansion of Resource Coordination Services

Several issues present themselves in relation to Resource Coordination services:

1. Current contracts to private providers need to extend beyond December 2011;
2. Health Departments may not have internal capacity to address increased needs;
3. Montgomery County Health Department does not currently serve all people in Crisis Prevention.
4. All Resource coordination providers expressed a desire for DDA to consider additional funding to meet the increased demands of an expedited process;

5. An analysis of the scope of services, rates, ratios vs. current contracts needs to be completed.

Workforce and other challenges facing providers

Providers expressed concerns about the start up costs including household items (e.g. furniture, linens, etc.) transportation and the ability to hire and train staff prior to initiating services. The new *Service Funding Authorization* letter will routinely include up to \$5,000 toward transition costs (i.e. household costs and staffing) for people needing residential services and \$5,000-\$7,500 towards transportation costs for people needing residential and/or day habilitation/supported employment services.